

320-Z - MEMBERS ON CONDITIONAL RELEASE

EFFECTIVE DATE: 01/01/23

APPROVAL DATE: 02/09/23

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), DDD Tribal Health Program (DDD THP), Tribal ALTCS, TRBHA; and all FFS populations excluding Federal Emergency Services Program (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes requirements for the oversight of individuals who have been granted conditional release by the Superior Court.

II. DEFINITIONS

Additional definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

III. POLICY

The Contractor shall develop and implement policies and procedures to provide direct care management, monitoring, and/or other behavioral health and related services to members on conditional release from the Arizona State Hospital (ASH) consistent with the Conditional Release Plan (CRP) issued by the Superior Court, including but not limited to assignment to a Contractor care manager.

1. The Contractor shall not delegate the Superior Court Contractor care management functions to a subcontracted provider. The Contractor care manager is responsible for at minimum the following:
 - a. Acting as the key clinical single point of contact who is responsible for collaboration with the outpatient treatment team, ASH, and the Superior Court,
 - b. Coordination with ASH for discharge planning,
 - c. Participation in the development and implementation of the CRP,
 - d. Participation in the modification of an existing or the development of a new service plan that complies with the CRP,
 - e. Coordination of care with the member's treatment team, TRBHA, and providers of both physical and behavioral health services to implement the service plan and the CRP,
 - f. Member outreach and engagement at least once per month to assist the Superior Court in evaluating compliance with the approved CRP,
 - g. Attendance in outpatient staffing at least once per month either telephonically or face-to-face,
 - h. Routine review of administrative and clinical activities, comprehensive status reporting, and confirmation of delivery of reporting to the Superior Court, and ASH as specified in A.R.S. § 13-3991 and A.R.S. §§ 13-3994 through 13-4000,
 - i. In the event of a member violating any term of their CRP, psychiatric decompensation, or use of alcohol, illegal substances or prescription medications not prescribed to the member, the Contractor shall confirm immediate notification to the Superior Court and ASH was completed by the outpatient provider and provide a copy to AHCCCS following all obligations, including those stated above, applicable to it as set forth as specified in A.R.S. § 13-3991, and A.R.S. §§ 13-3994 through 13-4000,

- j. In conjunction with ASH and supervision of the courts, any necessary revocation to inpatient/secured status for patients on full conditional release, engage the outpatient provider in coordination as necessary, and
 - k. Provide outpatient provider monitoring to include the following as specified in A.R.S. § 13-3991, and A.R.S. §§ 13-3994 through 13-4000.
 - i. Monitor activities and services provided to assure member compliance with conditional release plan, and
 - ii. Ensure provider completion and notifications to the Superior Court, AHCCCS, and ASH including:
 - 1) Mental health reports,
 - 2) Monitoring reports for members on conditional release. Form can be found on the AHCCCS website under Resources, Oversight of Health Plans – System of Care, and
 - 3) The Contractor shall provide additional documentation at the request of AHCCCS, ASH, or the Superior Court.
2. The Contractor shall:
- a. Provide training to outpatient providers serving members on conditional release and assuring providers demonstrate understanding of A.R.S. § 13-3991, and A.R.S. §§ 13-3994 through 13-4000; duties of outpatient providers,
 - b. Establish relationships with the Superior Court and ASH to support streamlined communication and collaboration between the contractor, outpatient treatment team, ASH, and the Superior Court, and
 - c. Develop and implement policies and procedures to proactively coordinate care for members on conditional release awaiting admission to and discharge from ASH.
3. For FFS members:
- a. Case management shall be provided by a TRBHA, Tribal ALTCS, DDD-THP case manager or through a FFS provider, as applicable,
 - b. If case management is being provided by a FFS provider, case managers shall directly coordinate with ASH and the Superior Court,
 - c. The FFS provider shall directly coordinate with the TRBHA Case Manager, ASH, and the Superior Court, and
 - d. Refer to the TRBHA Intergovernmental Agreement (IGA) for care management/care coordination requirements as applicable. Additional care management assistance is available via request at: CaseManagers@azahcccs.gov and COT_AIHP@azahcccs.gov.
 - e. Refer to APMPM 320-U Pre-Petition Screening, Court Ordered Evaluation and Court Ordered treatment for additional information regarding the recognition of tribal court orders as specified in A.R.S. § 12-136.